

to stand up today and think of the patients, not the trial lawyers and the politicians.

Ms. SLAUGHTER. Mr. Speaker, I would like to inform the gentleman from Florida (Mr. GOSS) that we have one speaker remaining, and I would ask if he has more and does he plan to close.

Mr. GOSS. Mr. Speaker, I thank the gentlewoman for her inquiry. The fact is, we have many speakers remaining, but we are only going to have time for 1 more to be on the floor to close, and that will be the gentleman from California (Mr. DREIER), the distinguished chairman of the Committee on Rules.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Missouri (Mr. GEPHARDT).

(Mr. GEPHARDT asked and was given permission to revise and extend his remarks.)

Mr. GEPHARDT. Mr. Speaker, I urge Members to vote against this rule. I urge Members to vote against the Norwood amendment if the rule is approved.

This is a bad rule, but more importantly, this is a bad bill. This is not a Patients' Bill of Rights, this is an HMO and health insurance company bill of rights. If the Norwood amendment passes, we are giving HMOs and health insurance companies, who make many of the important health care decisions in our lives today, a different standard of accountability than doctors who make other decisions in our lives. We are treating HMOs and health insurance companies in a preferential way, as compared to doctors and nurses and hospitals that are held responsible for their medical decisions.

If the Norwood amendment passes, what started out to be a Patients' Bill of Rights becomes a dream bill for HMOs and health insurance companies. They will have achieved what they often try to achieve in making medical decisions, which is how to save money, how to make more profit, not how to give people quality health care.

Let us look at just three things that Norwood changes in this bill that are dramatic changes in our legal system as it applies to only HMOs and health insurance companies. First, there is a presumption, a presumption that if you lose at the arbitration level, at the board level of appeals, against the patient, there is no presumption against the HMO and the health insurance company; in no other area of our tort law do we have that kind of presumption. Why would we want to give a presumption against the patient, but not the HMO or the health insurance company? It is a stunning abdication to the HMOs and health insurance companies.

Secondly, and perhaps worse, this bill, if Norwood passes, will preempt State tort laws. Our friends on the other side of the aisle are fond of saying we need a Federal system; we need States to have discretion. We have to look to States to put these laws in place, but by the same token, when it

suits them, because it suits the HMOs and health insurance companies, then it is fine to preempt the State laws; and for the first time in the history of this country, we will have a Federal tort law that applies to malpractice and injury caused by HMOs and health insurance companies. So States like Missouri or Texas or California who have passed a good patients' bill of rights will have all of that wiped out, and if a patient gets to court, can get through the maze to get to court, they will be faced with a Federal tort law, not the law of their State.

Thirdly, damages. We have \$1.5 million cap on noneconomic, on punitive, and that sounds like a lot of money. The problem with that is that in many cases, that will be less than what one would get if one was under State law. And even though it sounds like a lot of money, let us stop for a minute and think about some of these cases.

Let me give my colleagues an analogy. There are a lot of cases now about rollovers, Firestone cases. People have been gravely injured. I heard of a woman who has two children; she rolled over and was badly injured. She is now paralyzed; she is what you call a "shut-in." She can only move her eyes. She is on a ventilator.

What if she were a victim of malpractice by an HMO or a health insurance decision? What if she were limited to \$1.5 million with the responsibility at her age to raise two kids? What if she were limited to a new Federal tort law for the first time in our history, rather than being able to use the law of her State to be justly compensated for being injured in this way?

This is a stunning reversal for the patients and the people of this country. This is special-interest legislation. This is doing the bidding of health insurance companies and HMOs over the interests of the people that we represent in our districts. This is a stunning abdication of what we should be fighting to protect for the people that we represent.

I defy any of us to go into a hospital room of someone who has been done in by bad decisions made by HMOs and health insurance companies and look them in the eye and say, I voted today to take away your rights, to preempt your rights, to set up a new Federal tort law that has never existed in this country.

In the name of God and common sense, I hope Members will vote against this rule and vote against the Norwood amendment if it passes. Stand for the people that you represent in this country. You have a solemn obligation to fight for their interests and rights and not the profit and the money for the health insurance companies and HMOs.

I beg you to vote against this rule, vote against the Norwood amendment if it passes; and if the Norwood amendment goes in, vote against this legislation.

Ms. SLAUGHTER. Mr. Speaker, I yield myself the remaining time.

I urge my colleagues to defeat the previous question, and if the previous question is defeated, I will offer an amendment that makes in order the Ganske-Dingell-Berry bipartisan Patient Protection Act substitute amendment. This amendment pays for patient protections and expanded MSA provisions provided in the bill by extending the regular customs taxes and closing tax loopholes for businesses set up solely for the purposes of tax relief.

Mr. Speaker, I yield back the balance of my time.

Mr. GOSS. Mr. Speaker, it is my privilege and honor to yield such time as he may consume to the distinguished gentleman from California (Mr. DREIER).

(Mr. DREIER asked and was given permission to revise and extend his remarks.)

Mr. DREIER. Mr. Speaker, I thank the gentleman for yielding time, and I want to congratulate him. He has worked for 12 years.

I would like to thank several other people, including the gentleman from Iowa (Mr. GANSKE) who is here; the gentleman from Georgia (Mr. NORWOOD), the gentleman from Kentucky (Mr. FLETCHER), and the gentleman from Illinois (Mr. HASTER), the Speaker of the House of Representatives, who has spent a decade working on this issue.

We are here with legislation which is designed to ensure that we have a Patients' Bill of Rights. We want everyone to have recourse. But as I listened to the arguments from the other side of the aisle, we are hearing the same old, tired and failed class warfare, us versus them, the haves and the have-nots. I have not heard much talk about the real reason that we are here beyond ensuring that there is a recourse for those who have been wronged.

There are a couple of important reasons. Frankly, they are going to be addressed in the amendment process that we have here. We want to make sure that we provide both availability, increase the availability of health care and increase the affordability.

Now, we have heard from witnesses before the Committee on Rules, and I would like to thank my colleagues of the Committee on Rules on both sides of the aisle for working until the middle of the night and then just a few hours later being here to report this rule out today. But we heard in testimony before the Committee on Rules that we have a very serious problem with the uninsured in this country. There are some who have predicted that we can see an increase by 9 million in the number of uninsured if we do not take action.

That is one of the reasons that the proposal of the gentleman from Kentucky (Mr. FLETCHER), which I believe is a very important one, along with a number of our other colleagues, including the gentleman from California (Mr.